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TO: Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

FAX NO.: 1-571-273-8300 FROM: Adriane M. Antler  
PAGES: 19 + Cover Sheet DATE: April 11, 2005

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(212) 326-3859.

|                 |  |                     |              |
|-----------------|--|---------------------|--------------|
| Application of: | Marton <i>et al.</i>   | Confirmation No.:   | 8604         |
| Serial No.:     | 09/823,322   | Art Unit:           | 1631         |
| Filed:          | April 2, 2001  | Examiner:           | Marschel, A. |
| For:            | METHODS FOR DETERMINING<br>THEREAPEUTIC INDEX FROM<br>GENE EXPRESSION PROFILES | Attorney Docket No: | 9301-136     |

Transmitted herewith for filing, please find the following:

1. Amendment under 37 C.F.R. § 1.116;
2. Amendment Fee Transmittal (in duplicate); and
3. Petition for Extension of Time (in duplicate).

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office to facsimile  
telephone number 1-571-273-8300 on the date shown below.

Adriane M. Antler 32,605  
Adriane M. Antler (Reg. No.)

Date: April 11, 2005

VIA FACSIMILE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Marton et al. Confirmation No.: 8604  
 Serial No.: 09/823,322 Art Unit: 1631  
 Filed: April 2, 2001 Examiner: Marschel, A.  
 For: METHODS FOR DETERMINING THERAPEUTIC INDEX FROM GENE EXPRESSION PROFILES Attorney Docket No: 9301-136

FEE TRANSMITTAL SHEET

Mail Stop AF  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

The fee required to be filed with the accompanying amendment of even date herewith concerning the above-identified application has been estimated to be \$44.00.

The claim amendment fee has been estimated as shown below:

| (Col 1)   |    | (Col 2)                    |    | (Col 3)       |      | <input checked="" type="checkbox"/> SMALL ENTITY |           | <input type="checkbox"/> OTHER THAN A SMALL ENTITY |           |
|---|----|----------------------------|----|---------------|------|--|-----------|--|-----------|
| CLAIMS REMAINING AFTER AMENDMENT                                  |    | HIGHEST NO PREVIOUSLY PAID |    | PRESENT EXTRA |      | RATE   | ADDIT FEE | RATE   | ADDIT FEE |
| TOTAL   | 36 | MINUS                      | 51 | 0             | x 9  | \$   | 0.00      | x 18   | \$        |
| INDEP   | 7  | MINUS                      | 6  | 1             | x 44 | \$   | 44.00     | x 88   | \$        |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP CLAIM |    |                            |    |               |      | \$   | 0.00      |  | \$        |
| TOTAL   |    |                            |    |               |      | \$   | 44.00     | OR   | TOTAL \$  |

Please charge the required fee to Jones Day Deposit Account No. 50-3013. A copy of this sheet is enclosed.

Respectfully submitted,

Date: April 11, 2005

*Adriane M. Antler* 32,605  
 Adriane M. Antler (Reg. No.)  
 JONES DAY  
 222 East 41st Street  
 New York, New York 10017  
 (212) 326-3939

Enclosure

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*Adriane M. Antler* 32,605  
 Adriane M. Antler (Reg. No.)

Date: April 11, 2005

NYJD 1572103 1

VIA FACSIMILE

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|---|----|-----------------------------|----|---------------|--|--|-----------|--|----------|
| CLAIMS REMAINING AFTER AMENDMENT                                  |    | HIGHEST NO. PREVIOUSLY PAID |    | PRESENT EXTRA |  | RATE   | ADDIT FEE | OR   | RATE     |
| TOTAL   | 36 | MINUS                       | 51 | 0             |  | \$ 0.00  |           |  | \$ 0.00  |
| INDEP   | 7  | MINUS                       | 6  | 1             |  | \$ 44.00   |           |  | \$ 44.00 |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP CLAIM |    |                             |    |               |  |  | \$ 0.00   |  | \$ 0.00  |
| TOTAL   |    |                             |    |               |  | \$ 44.00   | OR        | TOTAL  | \$ 44.00 |

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